

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/804,467
Filing Date	March 18, 2004
First Named Inventor	Timothy E. Beres, et al.
Art Unit	2182
Examiner Name	Joshua D. Schneider
Attorney Docket Number	026125-000400US

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number:

**20350**

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

**20350**

**OR**

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Jerry Hoerauf, President

Date

8/28/06

Telephone

714-250-6789

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of one forms are submitted.